No. 2
-8-43
-17-39
X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

41709
State File No.

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 613

**1. PLACE OF DEATH:**
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1220 N. Main 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 44 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 N. Main 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John George Harris
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beulah Harris
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec (Month) 3 (Day) 1883 (Year)

8. AGE: Years 62 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Chearmont (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Grocery business
MOTHER FATHER
12. Name George A. Harris
13. Birthplace Yakima (City, town, or country) 9 (State or foreign country)
MOTHER
14. Maiden name Elizabeth McPherrin
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant John H. Hovin Jr.
(b) Address Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Rosehill Cemetery
18. (a) Signature of funeral director Bowden Funeral Home
(b) Address Brookfield Mo
19. (a) 12/11/45 (Date received local registrar) (b) Evelyn Kelly, Deputy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 9 year 1945 hour 12 minute 35 M.
21. I hereby certify that I attended the deceased from Oct 17 1945 to Dec 8 1945; that I last saw him alive on Dec 8 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion — Minutes
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. Hale (M. D. or other) MD
Address Brookfield, Mo Date signed 12-11-45

146 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Homer L. Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**